

Registration District No. 190

Primary Registration District No. 4113

Registrar's No. 20

1. PLACE OF DEATH

(a) County Black
(b) City or town Kahoka Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days)

3. (a) PRINT FULL NAME

Mary Ann Mathys

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F.M.

5. Color or
race W.

6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive 42 years

7. Birth date of deceased

Jan 27
(Month) (Day) (Year)

1900
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

41

6

10

hr. min.

9. Birthplace

Arison
(City, town, or county)

Iowa
(State or foreign country)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

12. Name

John Weeves

13. Birthplace

Germany
(City, town, or county)

Germany
(State or foreign country)

14. Maiden name

Margaret Feese

15. Birthplace

Germany
(City, town, or county)

Germany
(State or foreign country)

16. (a) Informant

Oscar Mathys

(b) Address

Kahoka Mo.

17. (a)

Removal
(Burial, cremation, or removal)

(b) Date thereof

Aug 7, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation

Denison, Iowa

18. (a) Signature of funeral director

J. Charles

(b) Address

Kahoka Mo.

19. (a)

8-7-41
(Date received local registrar)

(b)

J. R. Bridgman
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County 999
(c) City or town Denison
(If outside city or town limits, write "RURAL")
(d) Street No. 13
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7th
year 1941 hour 4 minute P M.

21. I hereby certify that I attended the deceased from 8-5, 1941, to 8-7-, 1941.

that I last saw him alive on 8-7-41, and that death occurred on the date and hour stated above.

Immediate cause of death.

Branchial Aneurysm
Pulmonary Collapse

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature J. R. Bridgman (M. D. or other)

Address Kahoka Mo. Date signed

RECEIVED

District Health Officer No. 10

District File Number 9541-1726

Date Filed SEP 18 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1023

P. O. Address

Kahoka Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.